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Country programme document

Burundi

Summary

The country programme document (CPD) for Burundi is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $56,505,000 from regular resources, subject to the availability of funds, and $76,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

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Programme rationale

1. Burundi is the second most densely populated country in the African continent. Its population of 11 million is growing at 2.5 per cent annually,[1] with a fertility rate of 5.5 births per woman.[2] Children (aged 0–17 years) represent more than half (55 per cent) of the population, and adolescents (aged 10–19 years) represent one quarter (25 per cent).[3] Nearly 90 per cent of the population lives in rural areas.

2. Ranked 184 out of 188 countries in the 2016 Human Development Index,[4] Burundi has a per capita gross domestic product of $286. In 2014, 65 per cent of the population lived below the national poverty line and 86 per cent on less than $1.90 per day,[5] with the situation likely to have worsened since that time.

3. The country has the highest rate of chronic malnutrition (stunting) in the world, at 56 per cent among under-five children,[6] (the average for sub-Saharan Africa is 34 per cent).[7] The effects of stunting on child mortality, school performance and household income perpetuate the intergenerational cycle of poverty and deprivation. The high rate of childhood stunting has resulted in a 13 per cent reduction in per capita income among the workforce.[8] Most Burundian children (78 per cent) suffer from multiple deprivations,[9] with child deprivation especially high in the north-eastern, mostly rural part of the country, while children in urban areas are generally better off.[10]

4. Frequent shocks occur in every key sector; the country is prone to flooding, droughts, landslides and cholera and malaria epidemics. The most recent onset of violence exacerbated the country's long-standing socioeconomic challenges, weakening family and community capacity to care for children. Many people have fled their homes.

5. In the past, nearly half of the state budget was financed by external sources, but many donors have withdrawn direct support to the Government in the past few years, although traditional donors, including the Government of Belgium and the European Union, have continued direct support to the population. The economy contracted sharply in recent years and has not yet recovered. Public spending in the social sectors appears to have declined, although government data has not been available in recent years.

6. Gender inequity is manifested in many ways, including through gender-based violence and the disproportionate burden of collecting water (which falls primarily on women and girls).[11] One in two women – and one in four men – experience emotional, physical or sexual violence from their spouse or partner.[12]

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[1] Government of Burundi, Demographic Projections, 2016.
[2] Government of Burundi, Third Demographic and Health Survey in Burundi 2016–2017, 2017.
[3] Ibid.
[4] United Nations Development Programme, *Human Development Report 2016*, New York, 2016.
[5] Government of Burundi, Household Living Conditions Survey, 2014.
[6] Demographic and Health Survey, 2017.
[7] UNICEF, *The State of the World's Children*, New York, 2017.
[8] World Bank, 'The Economic Costs of Stunting and How to Reduce Them', Policy Research Note No. 5, 2017.
[9] UNICEF, *Child Poverty in Burundi* (Multiple Overlapping *Deprivation Analysis* [MODA]), 2017.
[10] Ibid.
[11] UNICEF Burundi, Gender Programmatic Review Report (draft), 2017; National Federation of Associations Engaged in Child Protection, *Press Release 020/2016*, 2016.
[12] Demographic and Health Survey, 2017.

7. Children with disabilities, children in the Batwa ethnic group (which makes up 1–2 per cent of the population) and children with albinism are among those who experience discrimination. The limited available evidence suggests these children are disproportionately vulnerable to school dropout and to violence, abuse and neglect.[13] Since ratifying the Convention on the Rights of Persons with Disabilities in 2014, the Government has taken measures towards the inclusion of children with disabilities, particularly in schools.

8. Burundi has high rates of under-five, infant and neonatal mortality (78, 47 and 23 deaths per 1,000 live births, respectively),[14] despite high immunization coverage (more than 90 per cent for all antigens among children aged 12–23 months), and has a high maternal mortality ratio (334 deaths per 100,000 live births).[15] Preventable and treatable illnesses remain prevalent for children under five, and among this group there are high rates of acute respiratory infections (7.1 per cent), diarrhoea (22.5 per cent) and fever (39.5 per cent).[16] Although Burundi is a Global Plan priority country for the elimination of mother-to-child transmission of HIV, the rate remains high (8 per cent).[17] Health care is free of charge for under-five children and pregnant women and coverage is high. Quality of service remains a challenge, however; the high rate of childbirth in health facilities (84 per cent)[18] contrasts with high maternal and neonatal mortality rates. Community health and nutrition interventions have a limited reach. Addressing chronic malnutrition in Burundi requires substantial investment and a response that extends far beyond the health sector.

9. An ambitious reform of fundamental education (Grades 1–9) has enabled Burundi to achieve universal primary and lower secondary education. Dropout rates are high (8 per cent in the primary grades),[19] and vulnerable children, including young mothers, children with disabilities and internally displaced persons and returnees, tend to be excluded from school. Only an estimated 5 per cent of children aged 0–5 years have access to early learning services.[20] Barriers and bottlenecks relate mainly to quality and equity, and include insufficient and poor quality infrastructure; insufficient teaching time; poorly qualified and motivated teachers who are randomly deployed to different geographical areas; insufficient pedagogical materials; overaged children in crowded classrooms; lack of inclusive education; limited planning capacity; poor security in and around schools; indirect school costs; and the opportunity costs to poor families of sending their children to school.

10. Many children are victims of, or witnesses to, violence, abuse and exploitation, including hazardous work, human trafficking and gender-based violence. Although the births of 83.5 per cent of under-five children are registered, only 66.2 per cent of them have birth certificates.[21] The arrest and detention of children, long pre-trial detentions and limited access to services affect children in conflict with the law. Many

[13] Bureau international des droits des enfants, *Etat des lieux de la formation de la police et de la magistrature aux droits de l'enfant et à la justice pour mineurs au Burundi*, 2014; International Working Group of Indigenous Affairs, 4th Ordinary Session of the African Commission on Human and Peoples' Rights, 2009; UNICEF, Children accused of witchcraft: An anthropological study of contemporary practices in Africa, 2010; Independent National Human Rights Commission of Burundi, *Étude sur l'exploitation et le trafic des enfants au Burundi*, 2014.

[14] Demographic and Health Survey, 2017.

[15] Ibid.

[16] Ibid.

[17] Ministry of Public Health and the Fight Against AIDS, Preliminary Annual Report on Activities on the Fight against HIV/AIDS and STDs in the Health Sector, 2016.

[18] Demographic and Health Survey, 2017.

[19] Government of Burundi, *Statistical Yearbook of Education 2015–2016*.

[20] Government of Burundi, Educational Management Information System, 2016.

[21] Demographic and Health Survey, 2017.

children living and working on the street are forcibly removed, and children lacking parental care are often placed in institutions. Bottlenecks to child protection include a weak legal framework and enforcement of existing laws; inadequate social welfare workers; lack of case management policy and capacity and a centralized child protection management information system; and low access to vocational training and reintegration opportunities. Justice for children is hampered by rapid staff turnover, a lack of female officials and weak coordination among actors in the penal chain. Birth registration and certification are impeded by limited time for registration, a requirement of two witnesses in order to register a birth and long distances to travel for certificates.

11. Poor water supply, sanitation and hygiene are the root causes of the country's high stunting rate and frequent cholera outbreaks, and waterborne diseases are rampant. Most parts of the country have low access to basic drinking water within a 30-minute round trip (48 per cent) and low access to improved unshared toilet facilities (44 per cent).[22] Only 6 per cent of the population uses soap and water for hand-washing.[23] Only 44 per cent of schools have access to safe drinking water, and less than 18 per cent have functional hand-washing facilities.[24] Running water is unavailable in most maternity wards. Up to one third of public water supply systems are out of order.

12. Given its young and rapidly growing population, the prospects for stability and development in Burundi depend on fulfilling the rights of adolescents, whose concerns centre on providing enough food for their families.[25] Youth unemployment is high, and education is no longer a direct route to paid work. Adolescents have very low access to services and information adapted to their needs. Rather than recognizing the potential of adolescents as agents of positive change, adults may view them as instigators or victims of violence, and exclude them from community strategies to mitigate abuse, exploitation and violence.[26]

13. Sixty-nine per cent of children live in households that have insufficient means to meet their basic needs.[27] Social protection is crucial to address poverty in Burundi, yet coverage remains very low. Other key social policy bottlenecks include inadequate routine monitoring of child poverty and a lack of information on public expenditures.

14. A key lesson learned is that maintaining the UNICEF portfolio across the humanitarian-development continuum is essential. The nature and extent of donor funding during the programme cycle cannot be predicted, and the country's humanitarian and development situation continues to evolve. The events of recent years and reprogramming by traditional donors have placed United Nations funds and programmes, and UNICEF specifically, at the centre of the humanitarian response. Meanwhile, the reduction of funding for development interventions threatens the resilience of social services. UNICEF programming must continue to respond with agility and flexibility to the country's rapidly changing environment.

15. Another key lesson learned is that effectiveness in supporting resilience at the community level requires a multisectoral strategy; reinforcement of existing structures; inclusive participation and adolescent engagement; and alignment with the national administrative structure. The response to the cholera outbreaks in 2016–2017

[22] Ibid.
[23] Government of Burundi, National Hygiene and Basic Sanitation Survey, 2014.
[24] *Statistical Yearbook of Education 2014–2015.*
[25] UNICEF consultations with adolescents and youth, 2013–2014.
[26] Cook, P. et al., International Institute for Child Rights and Development, *Community Engagement to Strengthen Social Cohesion and Child Protection in Chad and Burundi*, 2016.
[27] *UNICEF, Child Poverty in Burundi*, 2017.

demonstrated the effectiveness of using a multisectoral approach. Child protection committees, which are widely participatory and build on existing structures, have successfully reinforced child protection in communities throughout the country. Alignment of the country programme with the administrative structure enhances legitimacy, creates sustainable lines of support and facilitates data collection. UNICEF programming has also shown that enabling young people to practice life skills in participatory platforms helps them to deal with social issues, engage constructively with local authorities and contribute to peacebuilding.

16. The UNICEF comparative advantage includes its community mobilization and peacebuilding experience, multisectoral expertise, solid relationship with the Government and on-the-ground presence. Chronic malnutrition, child poverty, adolescent rights, community resilience and the humanitarian-development continuum are cross-cutting priority areas where UNICEF will draw upon this advantage. UNICEF is also uniquely positioned to support service provision, including supply chains for essential commodities. Having both a seat at the policy table as well as a strong on-the-ground presence in the field lends additional credibility to UNICEF as a key actor in Burundi.

17. Based on the most pressing child rights issues, the lessons learned and the UNICEF comparative advantage, the following programme components have been selected: (a) health and nutrition, (b) education, (c) child protection, (d) water, sanitation and hygiene (WASH), (e) adolescent empowerment and community resilience, (f) social policy and advocacy and (g) programme effectiveness.

Programme priorities and partnerships

18. The overall goal of the country programme is to ensure that girls, boys and women, especially the most vulnerable, have access to and utilize high quality, equitably delivered and age-appropriate services, and build resilience to shocks and emergencies.[28] The theory of change holds that if the policy/budgetary environment becomes more child-focused, if committed duty-bearers have the requisite capacities, and if children, families and communities have knowledge and behaviours favourable to child rights, then the goal can be realized.

19. The main assumptions underpinning achievement of the goal are that multisectoral coordination will be strengthened (internally within UNICEF, and with the Government and national and international partners); chronic malnutrition, poverty reduction and adolescents (10–19 years old) will remain national priorities; communities will engage; supply disruptions will be manageable; and programme funding will be available.

20. The country programme is aligned with the Sustainable Development Goal national prioritization of 2017; the proposed outcomes of the United Nations Development Assistance Framework (UNDAF) 2019–2023; and national priorities in sectoral policies.

21. The **health and nutrition programme** will contribute to ensuring that children and women, especially the most vulnerable and hard to reach, utilize more quality essential health and nutrition services and benefit from positive health and nutrition care practices. For the prevention of chronic malnutrition, the programme will focus on the first 1,000 days of life. Specifically, it will:

[28] "Resilience" refers to the ability to withstand threats or shocks in ways that preserve integrity and that do not deepen vulnerability. UNICEF Eastern and Southern Africa, Resilience building, www.unicef.org/esaro/5484_emergencies_results.html (accessed 8 May 2018).

(a) Address barriers to quality facility-based services by supporting enhanced quality of antenatal and newborn care; promoting birth registration and certification; supporting prevention of mother-to-child transmission of HIV and paediatric HIV care; strengthening immunization; promoting good infant and young child feeding practices; supporting the integration of vitamin A supplementation and deworming into the routine health system; linking the cash transfer programme to communities with large numbers of undernourished children; and strengthening emergency preparedness and response;

(b) Address community-level impediments to optimal practices by supporting comprehensive packages of health and nutrition interventions for the first 1,000 days of life; strengthening linkages between health facilities and communities to bring about behaviour change; supporting the training of community health workers; using Batwa community health workers to increase immunization coverage among deprived groups; ensuring multisectoral, multi-partner approaches to improving nutrition; and advocating for a national plan to address cholera (in conjunction with the WASH programme);

(c) Address barriers to effective systems and governance by supporting the development or improvement of policies, norms, guidelines and training material on childhood disease prevention and management and stunting reduction; advocating for increased national financing; participating in coordination mechanisms, including those for humanitarian coordination; supporting the Scaling Up Nutrition (SUN) secretariat and promoting donor/stakeholder engagement in the SUN platform; and promoting health systems strengthening (technical capacity, supply chains and the health management information system);

(d) Quality improvements will be emphasized throughout the health and nutrition programme, at the facility, community (particularly through improved technical capacities) and policy levels.

22. The **education programme** will contribute to ensuring that more preschool and school-aged children benefit from equitable, inclusive and quality education and acquire the necessary skills to continue their education or integrate into the labour market. Specifically, the programme will:

(a) Address barriers to access and quality by supporting the training of teachers in fundamental schools and preschools; editing and printing of updated textbooks; construction of inclusive child-friendly schools (inclusive of preschool facilities); and scaled up training of school management committees on maintenance of school infrastructure and performance monitoring of teachers;

(b) Address barriers to equity and retention by strengthening the capacity and accountability of school management committees and other duty-bearers for the prevention of discrimination and dropout – particularly with regard to adolescent girls, children with disabilities and children affected by emergencies – and by supporting access to and demand for quality early learning opportunities;

(c) Address barriers to effective systems and governance by: supporting the development and implementation of the national strategy for early learning and school preparedness; strategy development for equity in education; the integration and use of a human resources module in the Education Management Information System (EMIS); the generation of more timely and reliable EMIS data, humanitarian coordination, preparedness and response (including capacity strengthening of the education in emergencies response group); and the development of a decentralized school maintenance strategy.

23. The **child protection programme** will contribute to ensuring that girls and boys, particularly the most vulnerable, have access to a child protection system that effectively protects them from violence, abuse and exploitation, including in humanitarian situations. Specifically, the programme will:

(a) Address barriers to effective systems and governance through support for a review of the legal and institutional framework; development of a new national child protection policy; the application of existing laws and policies; monitoring of and reporting on implementation of the Convention of the Rights of the Child; coordination mechanisms for prevention and response to violence, exploitation and abuse (including in humanitarian action); justice sector reforms (including the institutionalization of social work and gender equality in staff recruitment/nomination); establishment of child-friendly, gender-sensitive alternative care; and improvements in data collection and management;

(b) Address institutional constraints to quality child protection service delivery through support for capacity development of actors in the justice system (including the introduction of a case management system), with a focus on the specific needs of girls; capacity development of provincial child protection authorities and community-based child protection committees; the introduction of birth registration at health facilities; and emergency preparedness and response at subnational levels;

(c) Support families and communities in protecting children through strengthening child protection committees and solidarity groups, community-based reconciliation and reparation, and communication for behaviour change.

24. The **WASH programme** will contribute to ensuring that a larger share of the population uses adequate, equitable and sustainable basic WASH services in households, schools and health-care facilities in target rural, peri-urban and humanitarian settings. Specifically, the programme will:

(a) Address barriers to sanitation and hygiene by supporting community approaches to total sanitation, promoting behaviour change in key hygiene practices and supporting improved sanitation and hygiene services in schools and health and nutrition centres;

(b) Promote access to safe, affordable and sustainable water supplies by supporting initiatives to raise community demand, awareness and participation in water supply systems; water safety planning; risk assessments; risk mitigation and building resilience to climate change, environmental degradation and disasters; and humanitarian coordination, preparedness and response;

(c) Address barriers to effective systems and governance by promoting accountability throughout the WASH chain of responsibility; strengthening monitoring systems at all levels; advocating for additional resource allocation; supporting sector coordination and partnerships (including with the private sector); and advocating for the development of guidelines, standards and planning and budgeting mechanisms.

25. The **adolescent empowerment and community resilience programme** will contribute to ensuring that more adolescent girls and boys, especially the most vulnerable, participate in their communities, practice healthy behaviours, and utilize services adapted to their needs while the resilience of their communities is strengthened in target areas. Specifically, the programme will:

(a) Promote increased life skills and protection among adolescent girls and boys through communication for development to increase the demand for adolescent-friendly protection services, including for HIV prevention; and to promote positive

behaviour change by strengthening life skills education and activities and scaling up peacebuilding activities in target areas;

(b) Promote increased access by adolescent girls and boys to health, nutrition, education, protection and WASH services adapted for them through collaboration across UNICEF programmes in strengthening services for adolescents in target areas; and developing and leading a strategy to integrate adolescent-related programming with adolescent participation;

(c) Strengthen community capacity to increase the resilience of children and families to shocks and emergencies by providing capacity-building support to community-based organizations; reaching and engaging adolescents in child protection through the media and U-Report (social messaging tool) and facilitating adolescent networks and community participation.

26. The **social policy and advocacy programme** will contribute to ensuring that more vulnerable children benefit from social inclusion interventions guided by high quality analysis on the policy environment and public spending and strengthened by institutional support. Specifically, the programme will:

(a) Support the collection and analysis of disaggregated data on monetary and multidimensional child poverty; the compilation of information on public social sector spending; and the dissemination of related analyses for use in advocacy and programming for children;

(b) Support strengthening of the social protection system and the introduction of equitable, child-sensitive, efficient, fiscally sustainable and shock-responsive social protection instruments. This may include support for a "cash plus" component to cash transfers, with a focus on nutrition and early childhood development.

27. The **programme effectiveness component** will ensure that the country programme is effectively designed, coordinated, managed and supported to meet quality standards in achieving results for children, including effective planning, risk management, programme assurance through use of the harmonized approach to cash transfers, and monitoring and evaluation. External communication will raise awareness of the situation of marginalized children and strengthen the capacity of the media, civil society, children and youth to advocate for policy change, promote demand for and utilization of social services, and promote community participation in programme planning and monitoring.

28. For programme effectiveness, sustainability and national ownership, UNICEF prioritizes its partnership with the Government. Among its international partners, UNICEF will continue leading three emergency sectors (nutrition, education and WASH), co-leading the health sector and leading the subsector on child protection. Partnerships with other United Nations funds and programmes (particularly in relation to Working together to support implementation of the 2030 Agenda for Sustainable Development) and the World Bank will continue in all areas of child rights. UNICEF will partner with non-governmental organizations for service delivery; with the private sector, especially as participants in the WASH sector; and with academic and research institutions to build capacity for child-focused evidence generation and evaluation.

29. South-South cooperation will focus on knowledge exchange between Burundian child rights actors and those of other member states in the East African Community and the African Union. The development of a national culture of evaluation, the elaboration of the social protection system and the creation of a national case management mechanism for child protection are some promising areas for cooperation.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	12 000	27 900	39 900
Education	11 500	23 300	34 800
Child protection	7 000	11 300	18 300
Water, sanitation and hygiene	5 000	7 200	12 200
Adolescent empowerment and community resilience	3 500	5 100	8 600
Social policy and advocacy	5 000	1 200	6 200
Programme effectiveness	12 505	0	12 505
Total	**56 505**	**76 000**	**132 505**

Programme and risk management

30. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

31. The online Emergency Preparedness Platform will help UNICEF to analyse risks and prepare a response to anticipated emergencies. This includes the pre-positioning of emergency supplies, identifying and contracting implementing partners for critical interventions, and conducting emergency preparedness and response training for staff.

32. In the event of a humanitarian emergency, UNICEF will adapt its development programming activities to refocus on emergency interventions, will work with the humanitarian country team on a joint situation analysis, and play a leading role in coordination, to support more efficient coordination among partners, including for nutrition. To maintain service provision and progress towards positive behaviour change, UNICEF will prioritize its cooperation with local implementing partners and community-based organizations in line with the Grand Bargain.[29]

33. UNICEF will continue to honour its commitment, through the Grand Bargain, to ensure predictability and continuity in its humanitarian programming by increasing funding for national and local responders and harmonizing reporting requirements.

34. A weak economy and low donor engagement present the risk that funding levels will remain low or decline in critical sectors. To minimize this risk, UNICEF will pursue evidence-informed advocacy and resource mobilization and leveraging to encourage the Government and donors to prioritize resources for children.

[29] The 'Grand Bargain' is an agreement among donors and humanitarian aid providers launched at the World Humanitarian Summit in 2016. Its aim is that 25 per cent of *global humanitarian* funding is provided to local and national responders by 2020, along with more unearmarked funds, and increased multi-year funding to ensure greater predictability and continuity in the *humanitarian* response.

35. Deepening socioeconomic challenges could result in community members focused on their survival rather than on participation in programme activities. To address this risk, UNICEF will reinforce community-level capacities, support community volunteers, in line with the performance-based financing programme on demand stimulation and dropout tracking at community level, and scale up its communication for development efforts.

36. Risks related to human resources include high turnover of government staff leading to the loss of newly developed capacities and thereby compromising the professionalism of key child rights actors. To address these risks, UNICEF will engage in continuous, regularly updated advocacy and information-sharing with national partners at all levels.

Monitoring and evaluation

37. The Government of Burundi-UNICEF Technical Monitoring Group will monitor programme implementation on the basis of annual workplans. Biannual joint reviews will assess activities and identify bottlenecks and potential solutions. UNICEF programme officers and implementing partners will monitor progress through regular field visits and dialogue with rights-holders and duty-bearers. Qualitative evaluation methods, such as focus groups and participatory videos, will provide evidence of behavioural and social changes.

38. UNICEF will advocate for the integration of child-focused activities into community plans and support the monitoring of their implementation, the generation of lessons learned and their influence on upstream planning processes. UNICEF support for child protection action plans at the provincial level will enable advocacy for the inclusion of child-focused activities in communal and national development plans and budgets.

39. At the national level, UNICEF will support the strengthening of monitoring and evaluation systems, including the integration of equity monitoring. Capacity-building support will strengthen information management in the health, education, child protection, social protection and WASH sectors and help to create a national culture of evaluation. UNICEF will support the integration of innovations such as RapidPro into national data-gathering systems, enabling disaggregation by gender, age and location, to better identify the most vulnerable and disadvantaged groups.

40. Eight major evaluations will be conducted over the programme period, focused on education, health, nutrition, WASH, child protection and the overall country programme.

Annex

Results and resources framework

Burundi — UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 1–3, 6–7, 12, 19, 23–24, 28, 32 and 34

National priorities: National development plan 2018–2027, under development (aligned with government prioritization of Sustainable Development Goals 1–17)

UNDAF outcomes involving UNICEF: Draft UNDAF, 2019–2023:
Outcome 1.1 By 2023, girls and boys have equitable access to quality education with a specific focus on fundamental education and lifelong learning opportunities.
Outcome 1.2 By 2023, men, women, girls and boys, specifically the most vulnerable, have equal access to quality health, HIV, malnutrition and WASH services contributing to universal health coverage.
Outcome 1.3 By 2023, women and youth, particularly the most vulnerable, are empowered through (1) improved socioeconomic and political integration and (2) social protection.
Outcome 1.4 By 2023, women and men of all ages, specifically vulnerable groups, have equal access to institutional services and to community mechanisms that guarantee accountability, peace, gender equality, justice and human rights in an efficient, independent and transparent manner.

Outcome indicators measuring change that includes UNICEF contribution: Draft UNDAF 2019–2023

Related UNICEF Strategic Plan, 2018–2021 Goals Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Health and nutrition By 2023, children and women, especially the most vulnerable and hard-to-reach, utilize more quality essential health and nutrition services and benefit from positive health and nutrition care practices.	Percentage of district or equivalent administrative unit with at least 80% coverage of diphtheria/pertussis/tetanus(DPT)-containing vaccine for children <1 year old B: 74% T: 100%	World Health Organization (WHO)/UNICEF Joint Reporting Form	1.1 Under-five children and pregnant women have increased access to quality, integrated facility-based health and nutrition services. 1.2 Under-five children and pregnant women have increased knowledge on optimal maternal, neonatal and child health and nutrition practices.	Ministry of Public Health and the Fight against AIDS; health sector partners; WHO; Gavi, the Vaccine Alliance	12 000	27 900	39 900
	Percentage of children aged 6–59 months with severe	Annual Ministry of Health					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	acute malnutrition who: (a) are admitted for treatment and recover; (b) are admitted for treatment and default B: (a) 87% (2016) (b) 7% (2016) T: (a) >75% (b) <15%	statistical review report	1.3 Government capacity for health and nutrition coordination, planning, implementation, monitoring and evaluation is enhanced.				
	Percentage and number of children aged 6–59 months who received (a) vitamin A supplements in semester 1; (b) vitamin A supplements in semester 2 B: (a) 80%; 1,341,984 (b) 80%; 1,328,343 T: (a) at least 90%; 2,150,000 (b) at least 90%; 2,200,000	Annual Ministry of Health statistical review report					
	Percentage of live births attended by a skilled health personnel B: 85% T: 95%	Annual Ministry of Health statistical review report					
2. Education By 2023, more preschool and school-age children benefit from an equitable, inclusive, quality education and acquire the necessary skills to continue their education or integrate into the labour market.	Completion rates for fundamental education B: 62.2% (2016) T: 70%	Education Management Information System (EMIS)	2.1 Children have increased equitable access to inclusive, quality preschool and fundamental education. 2.2 School management committees and other duty-bearers are increasingly involved in management and are accountable to prevent discrimination and dropout, particularly with regard to the most vulnerable children, including in emergencies. 2.3 Policymakers have increased	Ministry of Education, Technical and Professional Training	11 500	23 300	34 800
	Percentage of students transitioning from Grade 6 to Grade 7 B: 76.6% (2016) T: 85%	EMIS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			capacity to plan, manage and monitor the education sector, including in emergency situations.				
3. Child protection By 2023, girls and boys, particularly the most vulnerable, benefit from a child protection system that effectively protects them from violence, abuse and exploitation, including in humanitarian situations.	Percentage of girls and boys identified that have ever experienced any sexual violence who sought help from a professional B: 100% T: 100%	Report of child protection subsector; Report of gender-based violence subsector	3.1 National capacity to apply child-friendly and gender-sensitive policies and procedures for child protection is enhanced and key stakeholders have increased evidence on child protection issues. 3.2 Institutional capacity to deliver quality child protection services, including in emergencies, is strengthened at the provincial, communal and community levels. 3.3 Families and communities are equipped to protect their children, especially the most vulnerable, from violence, abuse, exploitation and neglect, including in emergencies.	Ministry of the Interior, Patriotic Training and Local Development; Ministry of Health; Ministry of Human Rights, Social Affairs and Gender; community-based organizations	7 000	11 300	18 300
	Children living in residential care B: 2,876 T: 2,000	Administrative data					
	Orphans and other vulnerable children supported by a community-based structure B: 71,071 T: 80,000 annually	Sectoral review					
4. Water, sanitation and hygiene (WASH) By 2023, increased proportions of the population use adequate, equitable and sustainable basic drinking water, sanitation and hygiene services in households, schools and healthcare facilities in target rural, peri-urban and humanitarian settings.	Proportion of the population using basic sanitation B: 43.8% T: 75%	Demographic and Health Survey (DHS)/ WHO/UNICEF Joint Monitoring Programme (JMP)	4.1 Increased proportions of the population have access to adequate, equitable and sustainable basic sanitation and hygiene services in households, schools and health-care facilities in target rural, peri-urban and humanitarian settings. 4.2 Increased proportions of the population have access to adequate, equitable and sustainable basic drinking water services in households, schools and health care facilities in	Ministry of Hydraulics, Energy and Mines; Ministry of Health	5 000	7 200	12 200
	Proportion of the population practicing open defecation B: 2.2% T: 0%	DHS/JMP					
	Proportion of the population having access to	DHS/JMP					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
	basic drinking water services B: 48% T: 68%		target rural, peri-urban and humanitarian settings. 4.3 The enabling environment for WASH financing is improved, monitoring and evaluation systems are strengthened and sector coordination is enhanced.				
	Percentage of schools with single-sex basic sanitation/hygiene B: TBD T: TBD	EMIS					
5. Adolescent empowerment and community resilience By 2023, more adolescent girls and boys, especially the most vulnerable, participate in their communities, practice healthy behaviours and utilize services adapted to their needs while the resilience of their communities is strengthened in target areas.	Percentage of adolescents aged 15–19 years who sought institutional or professional help for sexual or physical violence, among those who reported experiencing sexual or physical violence ever in life B: Girls: 28.8%; Boys: 21.8% (2017) T: To be determined (TBD)	DHS	5.1 Adolescent girls and boys have increased knowledge to make informed decisions. 5.2 Adolescent girls and boys have access to health, nutrition, education, protection, hygiene and sanitation services adapted specifically for them. 5.3 Communities have increased knowledge to resist to shocks and recover from emergency situations.	Ministry of Youth, Post and Information Technology; Ministry of Communication and Media; Ministry of Culture and Sport; faith-based organizations; local non-governmental organizations	3 500	5 100	8 600
	Number of adolescent girls and boys who participate in or lead civic engagement initiatives B: 668,732 (2017) T: 1,000,000 annually	Sectoral review					
6. Social policy and advocacy By 2023, more vulnerable children benefit from social inclusion interventions guided by high-quality analysis on the policy environment and public spending and strengthened by institutional support.	Number of households reached by cash transfer programmes B: 0 T: 50,000	Sectoral review	6.1 Disaggregated data and analytical evidence on monetary and multidimensional child poverty, and information on public social sector spending are available to inform advocacy and programming. 6.2 Social protection system is strengthened with reinforced national capacity and more equitable, child-sensitive,	Ministry of Finance; Second Vice Presidency; Ministry of Planning; Ministry of Human Rights, Social Affairs and Gender; Institute of Statistics and Economic Studies of Burundi (ISTEEBU);	5 000	1 200	6 200

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			efficient, fiscally sustainable and shock-responsive social protection instruments.	University of Burundi; World Bank; African Development Bank			
7. Programme effectiveness The country programme is effectively designed, coordinated, managed and supported to meet quality standards in achieving results for children	Percentage of management and programme priorities indicators meeting the scorecard benchmark B: Not applicable T: 100%	InSight scorecard dashboard	7.1 Country programme is effectively coordinated 7.2 Country programme is effectively planned, monitored and evaluated 7.3 Right of children to information and expression is progressively fulfilled and stakeholders and duty-bearers are increasingly aware of the situation of children and women	ISTEEBU; National Forum of Children in Burundi; Ministry of Communication and Media	12 505	0	12 505
	Percentage of other resources (regular) mobilized against planned amount B: TBD T: 100%	InSight scorecard dashboard					
	Number of individuals in programme area reached with social media campaigns B: 32,700 T: 50,000	Facebook					
Total resources					**56 505**	**76 000**	**132 505**